

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09541,462	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1					1		51		
2					—		52		
3					—		53		
4					—		54		
5					—		55		
6					—		56		
7					—		57		
8					—		58		
9					—		59		
10					—		60		
11					—		61		
12					—		62		
13					—		63		
14					—		64		
15					—		65		
16					—		66		
17					—		67		
18					—		68		
19					—		69		
20					—		70		
21					—		71		
22					—		72		
23					—		73		
24					—		74		
25					—		75		
26					—		76		
27					—		77		
28					—		78		
29					—		79		
30					—		80		
31					—		81		
32					—		82		
33					—		83		
34					—		84		
35					—		85		
36					—		86		
37					—		87		
38					—		88		
39					—		89		
40					—		90		
41					—		91		
42					—		92		
43					—		93		
44					—		94		
45					—		95		
46					—		96		
47					—		97		
48					—		98		
49					—		99		
50					—		100		
TOTAL IND.					2		TOTAL IND.		
TOTAL DEP.					8		TOTAL DEP.		
TOTAL CLAIMS					/0		TOTAL CLAIMS		